



## SPECIAL EVENT - PUBLIC PROPERTY USER APPLICATION & AGREEMENT

### DIRECTIONS

#### Step One:

- If this request involves closing a street  
Contact Lafayette Police – Special Operations Division / 765-807-1272
- If this request involves renting the Big Four Depot - Community Room  
Contact Facilities Department for availability / 765-807-1323

#### Step Two:

- Complete and submit this application to Lafayette Clerk's Office  
City Hall, 2<sup>nd</sup> floor, 20 N 6<sup>th</sup> Street, Lafayette, IN / 765-807-1021



Do not use for  
contractor  
vehicle permit

### User Information

Time Includes Setup & tear down

Date of Function: Sep 26th 2020 Time: From: 5:00 am/pm to: 2:00 am/pm

Name: Greater Lafayette Walk to End Alzheimer's Organization: Alzheimer's Association

Street Address: 50 E. 91st street, Suite 100

City: Indianapolis State: Indiana Zip Code: 46240

Contact person(s): Lydia Robison Phone Number(s): 317-587-2214

Email: LROBISON@ALZ.ORG

Event Description: Greater Lafayette Walk to End Alzheimer's

Caterer: N/A Caterer's Phone Number: N/A

### This event will utilize the following venues (check all that apply):

- ☐ Big 4 Depot - Community Room ☒ Riehle Plaza ☒ John T. Myers Bridge  
☐ City Right-of-way ☒ City Street ☒ Sidewalk ☐ Other \_\_\_\_\_

### This event will include the following elements (check all that apply):

Anticipated Attendance: 1,000

- ☒ Street/Sidewalk/Right-of-way restriction or closure ☒ Food or Beverages  
☒ Restroom Facilities (required for events 4+ hours) ☒ Tents/Canopies  
☐ Alcohol (security is required) ☒ Security (required when serving alcohol)

☐ Amusement & Entertainment Permit # \_\_\_\_\_ **Not sure if you need an A&E Permit? Go to:**  
<http://www.in.gov/dhs/2795.htm>

☒ Stage ☐ Fireworks ☐ Outdoor cooker/grill ☐ Other \_\_\_\_\_

### Optional Equipment & Services:

- ☒ Traffic Control: barricades, **No Parking** signs, \$25

### Timetable (~~Minimum # of days. Advanced planning is encouraged; sequence remains the same~~)

	0	7 days	14 days	21 days			42 days
	Pre-planning		Notices	Event Preparation			Event
Begin	1st week	2nd week	3rd week	4th week	5th week	6th week	
	First contact	Submit Application Pre-event Meeting	Contact Neighbors prior to Board of Works Hearing	Board of Works Public Hearing & Approval			Date of Event

### Application submittal checklist

- ☒ Application
- ☐ Pre-event meeting (if required)
- ☒ Good Neighbor letter to neighboring properties (send out prior to Board of Works hearing)
- ☒ Letter of request to Board of Works (omit if only using Big Four Depot community room)
- ☒ Receipt – payment made to City of Lafayette

- Damage Deposit: \$ \_\_\_\_\_ (required only when renting Depot)
- Permit Fee: \$ 25 (fee waived when renting Depot)
- Rental Fee: \$ \_\_\_\_\_
- Equipment & Services: \$ 25 (optional)

- ☒ Certificate of Insurance

- ☐ Amusement & Entertainment Permit # \_\_\_\_\_

Not sure if you need an A&E Permit? Want more information? Go to:

<http://www.in.gov/dhs/2795.htm> and see definition of A&E Permit in **Rule and Regulations** instructions found at the same link as the **Special Event Application**

- ☐ Traffic Control / Public Safety / Emergency Plan
- ☒ User Agreement
- ☒ Board of Public Works and Safety meeting (if required)



## USER AGREEMENT:

**INDEMNIFICATION AND RELEASE.** In consideration of being permitted the use of the venue(s) indicated above on this document (the "Property"), which Property is owned by the City of Lafayette, User as indicated below, for User and User's legal representatives, successors, and assigns, hereby releases waives and discharges the City of Lafayette, its officers, departments and employees and of them (herein collectively, "City") from all liability to User and User's officers, members, legal representatives, successors, invitees and assigns (herein collectively "User") from any and all loss or damage, and any claim of damages resulting therefore, on account of injury to persons or property arising out of possession or use of the Property, whether caused by the negligence of City, or any of them, or otherwise, resulting during the time the User is entitled to occupy and use the Property. User shall exercise the privileges under this Agreement at User's own risk, and irrespective of any negligence of City, User shall indemnify and hold City harmless from any and all liability for all damages, costs, losses and expenses resulting from, arising out of, or in any way connected with User's use and possession of the Property, including attorney fees incurred by City in defending any action arising out of User's possession or use of the Property, whether caused by negligence of the City, or any of them, or otherwise. City shall not be liable to User for any reason whatever User's occupation or use of the Property shall be hindered or disturbed. User agrees that User has made inspection of the Property and is not relying upon any representations of City or any of them as to the condition of state of repair of the Property or to its suitability for any particular purpose. This release, waiver, and indemnification is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

I have read the above Indemnification and Release and the Policy and Rules governing the use of any public property, city street, sidewalk or public property within the city's right-of-way, the James F. Riehle Plaza, Big Four Community Room, and John T. Myers Main Street Pedestrian Bridge. I agree on my own behalf, and on behalf of the group or organization I am authorized to represent, to such Indemnification and Release and to follow such Rules and Regulations which are incorporated and made a part of this user agreement.

"Lafayette Board of Works"

By: \_\_\_\_\_

"User"

By: \_\_\_\_\_

Signature

Printed: Natale M. Sutton

Date: 1/22/20



City of Lafayette Board of Works,

I am writing today on behalf of the Alzheimer's Association Greater Indiana Chapter to introduce myself and additionally inform you of our intention to host our annual Greater Lafayette Walk to End Alzheimer's on September 26, 2020 at Riehle Plaza.

Held annually in more than 600 communities nationwide, Walk to End Alzheimer's is the world's largest event to raise awareness and funds for Alzheimer's care, support and research. The 2019 Greater Lafayette Walk raised over \$111,000 and hosted 1,000 participants all with one goal in mind: to raise awareness and funds to support Alzheimer's care, support, and research.

With your support, we know the 2020 Greater Lafayette Walk will be bigger than ever. Moving to Riehle Plaza will allow us to walk along the Lafayette Pedestrian Bridge and the Wabash Heritage Trail, so it will take place in both Lafayette and West Lafayette. We have supporters and participants from both municipalities, and believe this will be a great way to show unity between the cities in the fight against Alzheimer's. In addition to the above sidewalk closures, we have ask the City of Lafayette to close 2<sup>nd</sup> street between Main Street, and Ferry Street. Time to be determined (morning).

Please do not hesitate to reach out with any concerns about the Walk and the above plans. We are open to working with the community to make this a smooth transition to Riehle Plaza.

Thank you for your consideration,

A handwritten signature in black ink that reads "Lydia Robison". The signature is fluid and cursive, with the first name "Lydia" and last name "Robison" clearly distinguishable.

Lydia Robison  
Walk Manager – Greater Lafayette Walk to End Alzheimer's

Contact information:  
Lydia Robison  
Walk Manager, Walk to End Alzheimer's  
Alzheimer's Association Greater Indiana Chapter  
Lrobison@alz.org  
317-587-2214

**Register for the Greater Lafayette Walk to End Alzheimer's today!**  
**[alz.org/indiana/walk](http://alz.org/indiana/walk)**





Date  
Business name  
Street Address 1  
Street Address 2  
City, State Zipcode

Hello {{First Name}},

I am writing today on behalf of the Alzheimer's Association Greater Indiana Chapter to introduce myself and additionally inform you of our intention to host our annual Greater Lafayette Walk to End Alzheimer's on September 26, 2020 at Riehle Plaza.

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Please do not hesitate to reach out with any concerns about the Walk and the above plans. We are open to working with the community to make this a smooth transition to Riehle Plaza.

For information about sponsorship, starting a team, or volunteering, please see the contact information below.

Thank you for your time,

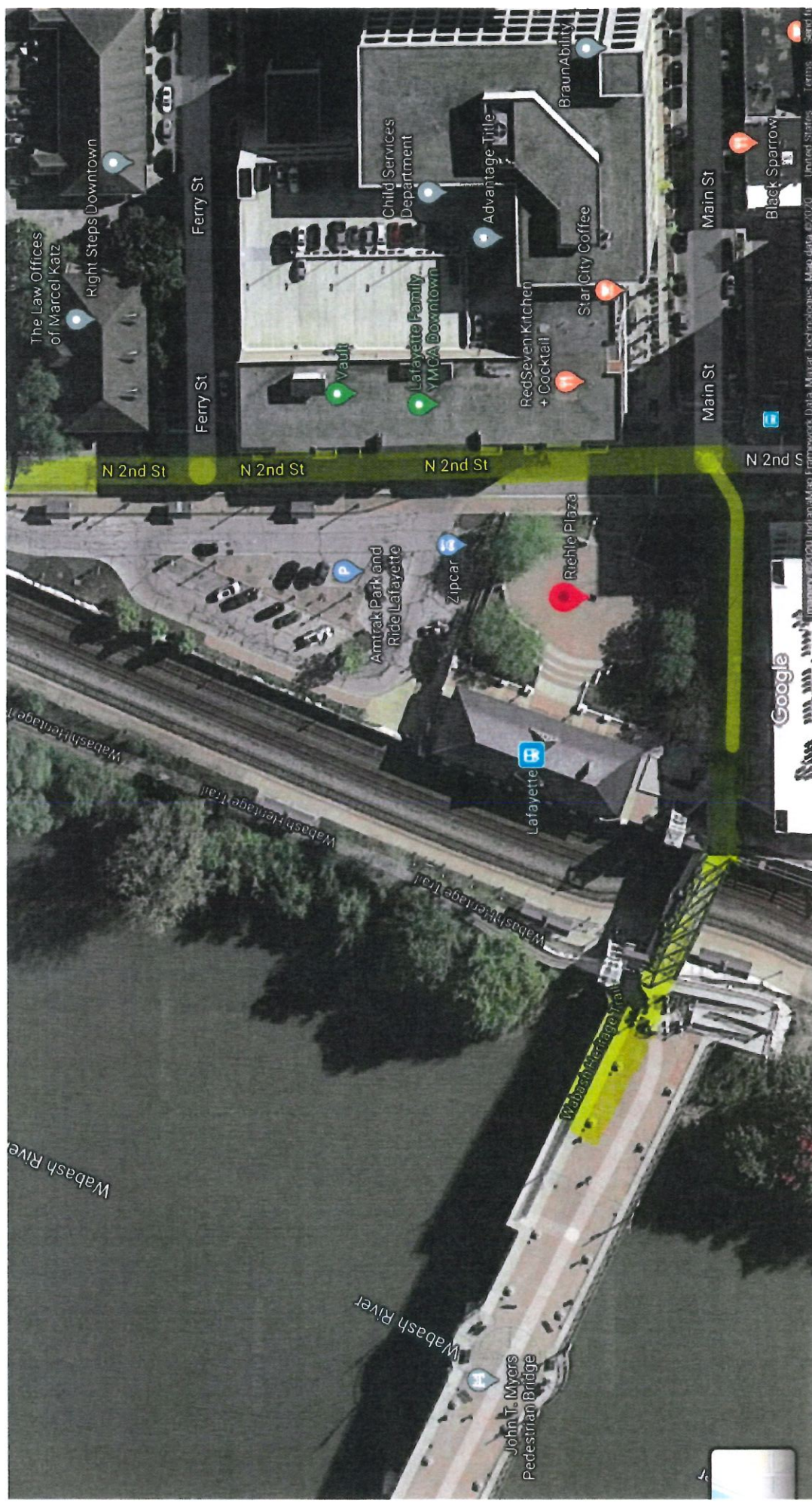
A handwritten signature in black ink that reads "Lydia Robison".

Lydia Robison  
Walk Manager – Greater Lafayette Walk to End Alzheimer's

Contact information:  
Lydia Robison  
Walk Manager, Walk to End Alzheimer's  
Alzheimer's Association Greater Indiana Chapter  
Lrobison@alz.org  
317-587-2214

**Register for the Greater Lafayette Walk to End Alzheimer's today!**  
[alz.org/indiana/walk](http://alz.org/indiana/walk)









# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/24/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Lamb, Little & Co 1101 Perimeter Drive Suite 500 Schaumburg IL 60173	<b>CONTACT NAME:</b> Sandy Crespin <b>PHONE (A/C, No, Ext):</b> 847-719-7877 <b>FAX (A/C, No):</b> 847-398-7077 <b>E-MAIL ADDRESS:</b> screspin@lamblittle.com
<b>INSURED</b> Alzheimer's Disease & Related Disorders Association, Inc. 225 N. Michigan Ave Ste 1700 Chicago IL 60601	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Philadelphia Indemnity Ins Co <b>INSURER B:</b> Twin City Fire Insurance Co <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES****CERTIFICATE NUMBER:** 1426291312**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Soc Serv Prof GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	PHPK1954889	3/11/2020	3/11/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		PHPK1954889	3/11/2020	3/11/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UM/UIM \$ 1,000,000
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		PHUB668047	3/11/2020	3/11/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	83WEBU6934	3/11/2020	3/11/2021	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input checked="" type="checkbox"/> <b>D&amp;O, EPLI PROFESSIONAL LIABILITY</b>		PHSD1429891 PHPK1954889	3/11/2020 3/11/2020	3/11/2021 3/11/2021	D&O \$25/EPLI \$35K RET 10,000,000 OCC 1,000,000/AGGR 3,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Greater Indiana Chapter  
RE: Lafayette IN Walk to End Alzheimer's Event held Sept 25-27th, 2020 at Riehle Plaza  
City of Lafayette, IN is named as Additional Insured for operations conducted by the insured. Subject to policy terms and conditions.  
\*\*Bounce Houses and other rebounding devices are excluded from any liability coverage on this policy.

**CERTIFICATE HOLDER****CANCELLATION**

City of Lafayette Indiana Riehle Plaza 200 N 2nd Street Lafayette IN 47901	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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MISCELLANEOUS PAYMENT RECPT#: 2071051  
City of Lafayette, IN  
20 N 6th St  
Lafayette IN 47901

DATE: 03/11/20      TIME: 14:38  
CLERK: sscott      DEPT:  
CUSTOMER#: 999  
MISC CUSTOMER  
COMMENT: LYDIA ROBISON

CHARGES:  
APG1 APPLICATION FEE      25.00  
BARR BARRICADE RENTA      25.00  
AMOUNT PAID:      50.00

PAID BY: Alzheimer's associat  
PAYMENT METH: CREDIT CARD  
V#0815 EX 1121

REFERENCE:

AMT TENDERED:      50.00  
AMT APPLIED:      50.00  
CHANGE:      .00